U.S. Patent and Tr.	PTO/SB/22 (08-0: Approved for use through 7/31/2006. OMB 0651-003 ademark Office; U.S. DEPARTMENT OF COMMERC f information unless it displays a valid OMB control numbe
ION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) 354615.00300

TETTION TON EXTENSION (	or time onbertor or i	( 1.100(u)	334615.00300
In re Application of Peter D. Stokes, et al			
	Application Number 09/911,184		Filed July 23, 2001
For Improvements In Or Relating To Emergency Lighting			Emergency Lighting
	Art Unit 2875	Examiner Ton,	Anabel
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and appr	opriate non-small-entity fee	are as follows (cr	
One month (37 c	CFR 1.17(a)(1))		\$
	CFR 1.17(a)(2))		\$ <u>430.00</u>
☐ Three months (3	37 CFR 1.17(a)(3))		\$
Four months (3	7 CFR 1.17(a)(4))		\$
Five months (37	CFR 1.17(a)(5))		\$
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown			
above is reduced by one-half, and the resulting fee is: \$  A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.			
<ul> <li>☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2603.</li> <li>I have enclosed a duplicate copy of this sheet.</li> <li>I am the ☐ applicant/inventor.</li> </ul>			
assignee of record of the entire interest. See 37 CFR 3.71			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
☑ attorney or agent of record. Registration Number 39,240			
attorney or agent under 37 CFR 1.34(a).			
Registration number if acting under 37 CFR 1.34(a)			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
October 18, 2004	<b>4</b>	(6)	
Date	<del>_</del>	——— <u>—</u>	Signature
		1	Doyle B. Johnson
Telephone Number	<del></del>		Typed or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of forms are submitted.			